



**CITY OF NORFOLK
OWNER OCCUPIED HOME REPAIR
APPLICATION**

YOU ARE APPLYING FOR AN OWNER-OCCUPIED REPAIR GRANT FROM THE CITY OF NORFOLK. FUNDS USED FOR YOUR REPAIRS MAY BE COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS RECEIVED FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). THEY MAY ALSO BE FUNDS DERIVED FROM LOCAL CIGARETTE TAXES.

To be eligible, applicants must meet the following criteria:

- **You must own your home and live in it.**
- **House must be located within the city limits of Norfolk.**
- **Taxes on the property must not be delinquent.**
- **Household income cannot exceed certain limits per household size.**
- **Age is not a factor.**
- **Duplexes may be considered if the owner occupies one unit.**

You will be asked to provide the following information and/or documents before your home can be considered as a possible candidate for repairs.

- **Social Security number for each resident in your household and the relationship to the applicant.**
- **Proof of income for each household member over the age of 18 and the source of that income (i.e., employment, unemployment compensation, SS, SSI, pension, child support, etc.) Proof can include pay stubs, bank statements, most recent Federal Income tax statement. You will also be asked about other assets, liked savings and other property you might own.**
- **Property tax statement**

All information will be kept confidential and will be used only for the purpose of qualifying you for this assistance.

CASE# _____
DATE RECEIVED _____

CITY OF NORFOLK
OWNER-OCCUPIED HOME REPAIR APPLICATION

A. PERSONAL INFORMATION

Head of Household Name: _____ Age: _____ Sex: _____

Address: _____ Zip code: _____

Home Phone: _____ Cell Phone _____

Neighborhood: _____

Spouse's name _____ Age: _____

Applicant work phone: _____ Spouse's work phone _____

U. S. Citizen YES _____ NO _____

BOTH THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Choose one:

ETHNICITY: _____ Hispanic or Latino _____ Not Hispanic or Latino

Choose one:

RACE: _____ White
_____ American Indian or Alaska Native
_____ American Indian or Alaska Native and White
_____ Black or African American
_____ Black or African American and White
_____ American Indian or Alaska Native and Black or African American
_____ Asian
_____ Asian and White
_____ Native Hawaiian or Other Pacific Islander
(For statistical purposes only)

B. Employment and Income Information**INCOME**

(Income for every household member must be reported-you will be required to submit income tax records)

Name	Place of employment	Address and phone # of employer	Salary (per hour, week, or month)	Years employed

INCOME OTHER THAN WAGES AND ASSETS

List the amount of any of the following benefits received – **ALL ASSETS MUST BE REPORTED**

Name of person receiving benefit	Benefit received	Amount
	V.A.	
	Pension/Retirement	
	Social Security/SSI	
	Unemployment Compensation	
	AFDC	
	Child Support	
	Earned Interest/Income from assets	
	Other income (Royalties, Rental)	

BANK/FINANCIAL INSTITUTION**ACCOUNT NAME****ACCOUNT NUMBER**

If you own any other property besides this house, list the addresses and appraised value(s):

Address, including city and state _____ \$ _____

List stocks, bonds, trust funds, or similar assets which are in your name or are available to you, with approximate value. _____

If you do not own stocks, bonds, etc., indicate "None"

C. Present Housing Information

How many years have you lived at your present address? _____

Whose name is the house in? _____

Is there a mortgage or liens on the house? Yes _____ No _____

Mortgage Company / Lien Holder name _____

Mortgage company / Lien Holder Address _____

Mortgage company/Lien holder phone with area code _____

Are your Property taxes current? Yes _____ No _____

Are you exempt from paying property taxes? Yes _____ No _____

D. Household composition

List all household members residing in the home (include yourself)

NAME	Social Security #	Relationship to Applicant	Birth Date	Sex M/F

E. Other assistance

Have you submitted an application or sought assistance from another home repair agency program?

Yes _____ No _____

If yes, what organization? _____

Are they able to help with any of your needs? Yes _____ No _____

If so, what work will they do? _____

F. Repairs/Improvements Desired

Please list the repairs needed on your house as best you can. Be sure to include both interior and exterior work needed. Please note that we may not be able to repair every item you request.

Exterior

Interior

Please answer the following questions. This will help us to determine how we can help you.

- | | | |
|---|--------|-------|
| 1. How old is your home? _____ | | |
| 2. Is the roof leaking? | Yes___ | No___ |
| 3. Is there a smoke detector in the house? | Yes___ | No___ |
| 4. Do all the lights and electrical outlets work? | Yes___ | No___ |
| 5. Do any of the drains run slow? | Yes___ | No___ |
| 6. Do all the plumbing fixtures work? | Yes___ | No___ |
| 7. Do you have any plumbing leaks? | Yes___ | No___ |
| 8. How old is the roof? _____ | | |
| 9. Does your heating system work? | Yes___ | No___ |
| 10. Do you need any weatherization services? | Yes___ | No___ |

G. Certification and Agreement

I certify that the information above is complete, correct, and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I receive home repairs. Further, I give permission to check any and all information and/or references contained herein, including but not limited to employers.

Applicant

Date

Return Complete Application and Attachments to:
Bureau of Community Enrichment
111 Granby Street
Norfolk, VA 23510